

INDIANA GAMING COMMISSION

South Tower, Suite 950
115 W. Washington Street
Indianapolis, Indiana 46204-3408



PERSONAL DISCLOSURE FORM 1

This form must be submitted by the Key Persons and Substantial Owners of Applicants for an Owner's License or Supplier's License. This form must also be submitted by Applicants seeking an Occupational License Level 1.

If a prospective Applicant has any questions about whether he/she should submit this form, consult 68 Indiana Administrative Code 2-3 (<http://www.in.gov/legislative/iac/title68.html>) or contact Indiana Gaming Commission staff.

This form is authorized as outlined by the Riverboat Gambling Act. Disclosure of this information is REQUIRED. Failure to provide information could result in rejection of or delay in processing this application.

INSTRUCTIONS

- Submit one (1) bound original and one (1) unbound, unstapled copy of Personal Disclosure Form 1 to the Commission. The bound original should be submitted in a three (3) inch, three (3) ring binder.
- If the Applicant requests confidentiality pursuant to the Indiana Access to Public Records Act, IC 5-14-3, then write “Confidential” on each applicable page, including exhibits.
- Pursuant to 68 IAC 2-3-4, your social security number is required to process your Application. If your social security number is not disclosed, your Application may be denied.
- Read each question completely before answering.
- When an answer or exhibit responsive to a question has already been submitted in response to another question, you may refer to your prior answer. When a question does not apply to you, indicate by stating “Does not apply.” If you have no answer to a certain question, indicate by stating “None.”
- Type or write legibly the answers to questions in black ink. If your Application is not legible, it will not be accepted.
- Initial all pages in the upper right-hand corner. **All signatures and initials must be made in blue ink.**
- For each question that requires an Exhibit, submit the requested information on a separate sheet of paper identified as the Exhibit referred to in the question. Initial each page in the upper right hand corner in blue ink.

WARNING

Each question must be answered fully, accurately, and completely. **ANY MISREPRESENTATION OR OMISSION CAN RESULT IN APPLICATION DENIAL.** When information is unknown, so indicate by stating “Unknown”. **YOU MUST MAKE A SUBSTANTIAL INQUIRY TO DETERMINE THE ANSWERS TO ALL QUESTIONS.**

- Attach a recent photograph (within the last 6 months) of yourself in the space provided on page 10.

Attach a certified copy of your official United States birth certificate containing your date of birth, place of birth, and parents' names in the space provided on page 10. The birth certificate must be issued by a county department or board of health from your state of birth, a state department or board of health from your state of birth, or a United States territory. If a birth certificate is not available, a copy of a letter from you to the appropriate government agency requesting a birth certificate will be acceptable. The letter must show both the name and address of the agency from which the birth certificate is requested.

If an official United States birth certificate for your birth does not exist, one of the following will be acceptable:

- (a) Certificate of Naturalization/Citizenship;
- (b) Certification of Report of Birth (DS-1350);
- (c) Consular Report of Birth (FS-240);
- (d) United States Military/Merchant Marines identification card with photo;
- (e) United States passport;
- (f) United States Veterans Universal Access and Identification Card with photo;
- (g) Valid foreign passport with photo with a visa that includes a valid Form I-94 indicating the authorized duration of stay in the United States;
- (h) Valid foreign passport with a current visa that states "Upon Endorsement Serves as Temporary I-551 evidencing Permanent Residence for 1 year;"
 - a. Canadian passports are not required to have a visa or I-94.
 - b. Applicants from the Federated States of Micronesia, Palau, and the Republic of the Marshall Islands are not required to present a visa but must submit an I-94.
 - c. Passports with I-94 indicating F-1/F-2 status must be submitted with a valid Form I-20.
 - d. Passports with I-94 indicating J-1/J-2 status must be submitted with a valid Form DS-2019.
- (i) Authorization for Parole of an Alien into the United States (I-512);
- (j) Employment Authorization Card (I-668B or I-766);
- (k) Form I-94 stamped with "Section 207" or "Section 208" status;
- (l) Permanent Resident Card (I-551);
- (m) Temporary Resident Card (I-688);
- (n) Travel Document (I-131).

IMPORTANT NOTICES

- You may be required to provide additional information or submit additional forms.
- If at any time prior to receiving your permanent occupational license there are material changes to the information submitted herein, you must immediately notify the Commission in writing of the material changes.

- Return notarized copies of the attached Verification, Request to Release Information and Release of All Claims along with this Form.
- All materials submitted to the Commission must be sent to:

Indiana Gaming Commission
Attention: Investigations Section
South Tower, Suite 950
115 W. Washington Street
Indianapolis, Indiana 46204-3408

Pursuant to 68 IAC 2-3-2, all application and license fees must be paid by a cashier's check or certified check made payable to the State of Indiana. **DO NOT SEND CASH.** Send the initial fee of \$1,000.00 to the Commission along with the completed application. The balance of any additional costs of the investigation will be billed upon completion. The Applicant is ultimately responsible for the cost of this investigation.

If you have any questions about this Application or the occupational licensing process, contact either the Director of Financial Investigations or the Director of Background Investigations at (317) 233-0046.

DEFINITIONS

Terms in this Application shall have meanings ascribed to them in IC 4-33-2 and/or 68 IAC 1-1. The following terms shall have the following meanings:

Act: The Riverboat Gambling Act.

Affiliate: Any Person who directly or indirectly Controls, is Controlled by, or is under common Control of another Person.

Applicant: Any individual or Business Entity who directly or indirectly has applied for a gaming license.

Application: The total written materials, including the instructions, forms and other documents issued by the Commission, comprising Applicant's request for an owner's license, supplier's license, or occupational license.

Best of My Knowledge: Applicant's knowledge after substantial inquiry.

Business Entity: Any of the following: partnership, incorporated or unincorporated association or group, firm, corporation, limited liability company, partnership for shares, trust, sole proprietorship or any other form of business.

Candidate: An Individual who: (1) has taken the action necessary to qualify under Indiana law for listing on the ballot at an election or to become a write-in candidate; (2) has publicly announced or declared candidacy for an elected office; (3) has solicited or accepted contributions, or consented that another solicit or accept contributions or make expenditures, with a view to bringing about the Individual's nomination for or election to an elected office; or (4) otherwise seeks nomination for or election to an elected office, regardless of whether the Individual wins election to the office.

Commission: The Indiana Gaming Commission.

Compensation: Anything of value, including but not limited to salary, wages, commissions, tips, gratuities, fees, bonuses, and distributions from S corporations, in any form, including cash, securities, real property and tangible and intangible personal property.

Control: The power to exercise authority over or direct the management and policies of an Individual, business, or entity.

Debt Instrument: Any bond, loan, mortgage, trust, deed (when committed in any form as collateral), note, debenture, subordination, guaranty, letter of credit, security agreement, surety agreement, pledge, chattel mortgage or other form of indebtedness.

Felony: A criminal offense for which a sentence of imprisonment of more than one (1) year may be imposed under the laws of any jurisdiction.

Gambling Game: Any of the following games if approved by the Commission as a wagering device: baccarat, twenty-one, poker, craps, slot machine, video games of chance, roulette wheel, klondike table, punchboard, faro layout, keno layout, numbers ticket, push card, jar ticket, pull tab and big six.

Gambling Operation: The conduct of authorized Gambling Games on a riverboat.

Game: A banking, wagering, gambling, or percentage game or activity that is played for chips, tokens, or anything of value, including, without limitation, those played with cards; chips; tokens; dice; implements; or electronic, electrical, or electromechanical devices or machines.

Gaming: The dealing, operating, carrying on, conducting, maintaining, or exposing for play of any Game.

Gaming Entity: Any Business Entity or Affiliate thereof other than a governmental entity, a licensed accountant, architect, attorney, engineer or physician that either: (1) engages in Gaming, or (2) provides goods or services to a Business Entity or Affiliate thereof that engages in Gaming.

Immediate Family: Spouse (other than a spouse who is legally separated from the Individual under a decree of divorce or separate maintenance), parent, child, sibling, father-in-law, or mother-in-law, whether by the whole or half blood, marriage, adoption or natural relationship.

Indiana Public Official: An Individual who is: (1) authorized to perform an official function on behalf of, and is paid by the State of Indiana or any county, township, municipal corporation, special taxing district, or public school corporation within the State of Indiana; any instrumentality of any of those entities; or a state-assisted college or state-assisted university within the State of Indiana; (2) elected or appointed to office to discharge a public duty for a governmental entity within the State of Indiana; or (3) appointed in writing by an Indiana Public Official to act in an advisory capacity, with or without compensation, to a governmental entity within the State of Indiana concerning a contract or purchase to be made by the entity. This term does not include an Individual appointed to an honorary position.

Indirect Interest: Any interest in any other Person that is deemed to be held by the holder, not through the actual holdings in the Person, but through the holder's holdings in any other Person.

Individual: Any natural Person.

Institutional Investor: Any of the following: (1) a retirement fund administered by a public agency for the exclusive benefit of federal, state, or local public employees; (2) an investment company registered under the Investment Company Act of 1940 (15 U.S.C. 80); (3) a collective investment trust organized by banks under Part Nine (9) of the rules of the Comptroller of the Currency; (4) a closed end investment trust; (5) a chartered or licensed life insurance company or property and casualty insurance company; (6) a banking, chartered, or

licensed lending institution; (7) an investment adviser registered under the Investment Advisors Act of 1940 (15 U.S.C. 80); or (8) any other entity the Commission determines constitutes an Institutional Investor.

Key Person: Any officer, director, executive, employee, trustee, Substantial Owner, independent contractor, or agent of a Business Entity, having the power to exercise management or operating authority over a Business Entity or Affiliate(s) thereof.

Licensee: A Person holding a license issued under the Act.

Nominee: Any Person that holds as owner of record the legal title to tangible or intangible personal or real property, including, without limitation, any stock, bond debenture, note, investment contract or real estate on behalf of another Individual or Business Entity, and as such is designated and authorized to act on his, her, or its behalf with respect to such property.

Person: An Individual, a sole proprietorship, a partnership, an association, a fiduciary, a corporation, a limited liability company, or any other Business Entity.

Public Official: (a) As used in this definition, “governmental entities” has the definition set forth in IC 35-41-1-12. (b) an Individual who is: (1) authorized to perform an official function on behalf of, and is paid by a governmental entity, as defined in IC 35-31-1-12; (2) elected or appointed to office to discharge a public duty for a governmental entity; or (3) appointed in writing by a Public Official to act in an advisory capacity, with or without compensation, to a governmental entity concerning a contract or purchase to be made by the entity. The term does not include an Individual appointed to an honorary advisory or honorary military position.

Registered Agent: Any Individual or Business Entity against whom service of process may be made on behalf of a Business Entity under IC 23-1-24-1.

Relative: Spouse, parent, grandparent, child, grandchild, sibling, uncle, aunt, nephew, niece, first cousin, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, whether by the whole or half blood, by marriage, adoption or natural relationship.

Riverboat: Either of the following on which lawful gambling is authorized under the Act: (1) a self-propelled excursion boat located in a county described in IC 4-33-1-1 or IC 4-33-1-1-(2) that complies with IC 4-33-6-6-(a); or (2) a vessel located in a historic hotel district.

Riverboat Gambling Operation: The conducting of Gaming and all related activities including, without limitation, the purveying of food, beverages, retail goods and services, and transportation on a Riverboat and at its support facilities.

Substantial Creditor: The holder of any debt instrument of whatever character, against an Individual or Business Entity, whether secured or unsecured, matured or unmatured, liquidated or unliquidated, absolute, fixed or contingent, the aggregate amount of which is \$50,000 or more.

Substantial Owner: Any Person holding five percent (5%) or more ownership interest in a Business Entity, or any Institutional Investor(s) holding fifteen percent (15%) or more ownership interest in a Business Entity.

Supplier: A provider of goods or services to a Riverboat Gambling Operation other than a governmental entity, a licensed accountant, architect, attorney, engineer or physician.

PERSONAL DISCLOSURE FORM 1

Full Legal
Name of
Applicant:

(First)

(Middle)

(Last)

Home
Address:

(Street)

(City)

(State)

(Zip Code)

Business
Address:

(Street)

(City)

(State)

(Zip Code)

Home

Telephone Number: (____) _____

Business

Telephone Number: (____) _____

Social

Security Number: _____

Date of

Birth: _____

(Month) (Day) (Year)

Height: _____ Weight: _____ Hair Color: _____

Color of Eyes: _____ Sex: _____

Email Address: _____

LEVEL ONE LICENSE

Employer: _____

Do you work primarily at an Indiana Riverboat? If so, state which riverboat:

Position: _____

Select one of the following that best describes you:

Substantial Owner of a Riverboat Licensee or Affiliate

Key Person of a Riverboat Licensee or Affiliate

Substantial Owner of a Supplier Licensee or Affiliate

Key Person of a Supplier Licensee or Affiliate

Other

Describe your job duties: _____

Describe your job qualifications: _____

TAPE PHOTOGRAPH HERE

**TAPE BIRTH CERTIFICATE HERE
(OR ACCEPTABLE SUBSTITUTE -
SEE INSTRUCTION ON PAGE 2)**

PERSONAL

1. State:

- (a) names used, legal or otherwise, other than the name stated on page 8, including married names, maiden names and aliases, and specify the dates of use for each name:

- (b) your place of birth:

- (c) your physical characteristics, including your build, complexion and any distinguishing marks, including scars and tattoos:

Submit additional information as **Exhibit 1(a), 1(b), or 1(c)** as applicable.

2. Submit the following information about your immigration and/or naturalization into the United States of America as **Exhibit 2:**

If you are a citizen of the United States, initial here _____

- (a) If you are a naturalized citizen, state:

place of naturalization, including Court granting naturalization:

date of naturalization: _____

Petition number: _____

Certificate number: _____

(b) If you are an alien, state the “A” number from your Alien Registration Card:

(c) If you are an alien authorized to be employed in the United States but do not have an Alien Registration Card, state the “A” number of that authorization:

Submit additional information as **Exhibit 2**.

3. As **Exhibit 3**, provide two (2) completed fingerprint cards (Standard Blue Cards) with your Application. If you are employed at an Indiana casino property, see the Indiana Gaming Commission office to have your fingerprints scanned. Fingerprint cards will be provided upon request. If you are not employed at an Indiana casino property, you must have your fingerprints taken at a law enforcement agency.

4. List your driver’s license number and the state where licensed:

Have you ever had your motor vehicle registration certificate, chauffeur’s license, driver’s license, driver’s permit or operator’s permit revoked or suspended?

If yes, submit as **Exhibit 4**, a detailed statement giving the date action was taken, name and address of agency taking action, type of license, reason for suspension or revocation, and date restored, if any.

EDUCATION

5. List, as **Exhibit 5**, all schools you have attended, starting with secondary school or its equivalent. For each school provide the following:

(a) Name of school and dates attended:

(b) Type of school:

(c) Location, including address:

(d) Graduation date, if any:

- (e) If not, give reasons for leaving school:
- (f) Type of degree or certificate obtained, if any:
- (g) All official sealed, post-secondary school transcripts. If you do not have any post-secondary education, provide a copy of your high school diploma.

RESIDENCES

- 6. Submit, as **Exhibit 6**, a list of any additional residential address(es) not disclosed on page 8 of this form.
- 7. Submit, as **Exhibit 7**, the following information about each place you have resided (including residences while attending college or while in military service) during the past fifteen (15) years or since the age of 18, whichever is less. Work backward from the most current residence, and only list residences occupied for at least one (1) month.
 - (a) Street address:
 - (b) City, county and state:
 - (c) Country:
 - (d) Dates, by month and year, of residence:
 - (e) Names of other household members at each residence:

WORK HISTORY

- 8. Submit, as **Exhibit 8**, any additional business address(es) not disclosed on page 8 of this form.
- 9. List, as **Exhibit 9**, your work history from age 18 to the present or the last 20 years, whichever is less. Include all businesses with which you have been a Substantial Owner or Key Person. In addition, include all periods of self employment, and all periods of unemployment. For each period, provide the following:
 - (a) Dates, by month and year, when you held the position (if multiple positions were held with the same company, list each separately):
 - (b) Name, address and telephone number of the employer or business:

- (c) Position title and salary:
 - (d) Description of the position duties:
 - (e) Name of your supervisor:
 - (f) Reason you left the position:
 - (g) If Gaming was part of the operations of any listed employer or business, a brief description of the company's products and services:
10. Submit, as **Exhibit 10**, a complete explanation of the circumstances of any Business Entity that has made (either itself or through third parties acting for it) payments or gratuities to any employee, company, or organization to obtain a competitive advantage, or to any foreign or domestic government official, to obtain favorable treatment at any time during the past fifteen (15) years and while you were either a Substantial Owner or Key Person of the Business Entity:
- If none, initial here _____
11. Submit, as **Exhibit 11**, the following information about any professional licenses:
- If none, initial here _____
- (a) Type of license, describing the nature of the licensed conduct and activities:
 - (b) State, or other jurisdiction, where the license was held:
 - (c) Name, address and telephone number of the licensing authority(ies) that issued and/or regulated the license:
 - (d) Dates, by month and year, when the license was held:
 - (e) All details concerning any disciplinary proceedings, disciplinary actions, restrictions, revocations or non-renewals which you were subject to concerning the license:

BUSINESSES

12. Provide as **Exhibit 12** a list of all Business Entities that you have been associated with as a Key Person, Substantial Owner, or Substantial Creditor for the last ten (10) years. For each entity provide the following:
- If none, initial here _____

- (a) Dates, by month and year, that you were associated in any capacity with the Business Entity:
 - (b) Name, address, company web address, and telephone number of the Business Entity and of its Registered Agent:
 - (c) Description of the Business Entity:
 - (d) Description of your association in all capacities with the Business Entity, including titles and duties relating to the Business Entity:
 - (e) Reasons you became associated with and, if applicable, the reasons you terminated your association with the Business Entity:
 - (f) If Gaming was part of the operations of the Business Entity, describe how:
13. If you or any Business Entity that you currently or historically served as a Substantial Owner or Key Person have ever been adjudicated as bankrupt or filed a petition for any type of bankruptcy protection or insolvency, include as **Exhibit 13**, the following:

If none, initial here _____

- (a) Date of the bankruptcy:
 - (b) The disposition of the bankruptcy:
 - (c) The bankruptcy cause number:
 - (d) A copy of the bankruptcy Petition:
14. (a) If you are a Key Person or Substantial Owner of a Business Entity outside the United States, list each Business Entity, including its location and your interest and/or affiliation.

If none, initial here _____

Submit your response as **Exhibit 14(a)**.

- (b) If you have any assets or liabilities outside the United States, list each by type, value or amount, and location.

If none, initial here _____

Submit your response as **Exhibit 14(b)**.

MILITARY

15. (a) Describe any military service, including reserve service or national guard service, that you have performed. Provide the following and submit as **Exhibit 15(a)** any additional information:

If none, initial here _____

(1) Branch of service: _____

(2) Date of entry: _____

(3) Date of separation: _____

(4) Type of discharge: _____

(5) Rank at separation: _____

(6) Serial number: _____

- (b) If you were ever the subject of any judicial or non-judicial investigation, disciplinary proceeding (including summary actions, trials, courts-martial or Article 15 proceedings), or arrested during the course of your military service, submit as **Exhibit 15(b)** a written description of the incident, including disposition.

If none, initial here _____

- (c) Submit a copy of your military record (DD-214) as **Exhibit 15(c)**.

GAMING

16. If you or any member of you Immediate Family have ever held an ownership, pecuniary, financial, or any other interest in a Gaming Entity, or if you or any member of your Immediate Family were ever affiliated as a Key Person, employee, Substantial Owner, or Substantial Creditor of a Gaming Entity, provide the following as **Exhibit 16** for each instance:

If none, initial here _____

- (a) Name, address and telephone number of the Gaming Entity:
- (b) Immediate Family member's name and relationship to you:
- (c) Dates, by month and year, that you or your Immediate Family member held any interest or affiliation in the Gaming Entity:
- (d) A detailed description of the Gaming Entity's business:
- (e) The approximate percentage of ownership, if over one percent (1%), in the Gaming Entity held by you or your Immediate Family member:
- (f) Amount of debt owned to you or your Immediate Family member by the Gaming Entity:
- (g) Whether you or your Immediate Family member actively participates in the management or operation of the Gaming Entity:

17. If you have ever had a gaming license, provide the following as **Exhibit 17** for each license:

If none, initial here _____

- (a) Jurisdiction and licensing agency that granted the license:
- (b) Type of license, describing the operations and activities licensed:
- (c) Name of the associated Gaming Entity:
- (d) Dates, by month and year, when the license was held:
- (e) A detailed description of any disciplinary actions, restrictions, revocations or non-renewals to which your license was subjected, including the date of the occurrence and your involvement in the situations or transactions that led to each discipline, restriction, revocation or non-renewal:

18. If you or any member of your Immediate Family are the Nominee, or hold any interest in trust, for any Gaming Entity, provide the following, as **Exhibit 18**, for each interest:

If none, initial here _____

- (a) Immediate Family member's name and relationship to you:

- (b) Number of shares or the amount of other interest held by you or your Immediate Family member:
 - (c) A detailed description of the instrument creating the fiduciary obligation:
 - (d) A detailed description of the Gaming Entity, and of the interest held by you or your Immediate Family member:
19. Have you or any Business Entity in which you have been a Key Person or Substantial Owner withdrawn an application for a gaming license from any jurisdiction?

If no, initial _____

If yes, as **Exhibit 19**, include the following for each occurrence:

- (a) Date and jurisdiction withdrawn from:
- (b) Reason for withdrawal of application:

FAMILY

20. State:

- (a) Your marital status, indicating whether you are single, married, separated, divorced, widowed, or engaged:

- (b) For your current marriage, the date and place of your marriage:

- (c) For your current spouse or fiancé(e), his/her:

- (1) Full name, including any maiden name or aliases:

- (2) Driver's license number and state where licensed:

(3) Age, date, and place of birth:

(4) Residential address and telephone number:

(5) Occupation:

(6) Name, business address, and telephone number of employer:

(d) For your previous marriages:

(1) Current name, age, address, and telephone number of all previous spouses:

(2) Date and location of marriage, and the date of any order or decree concerning each previous marriage, and description of the action, including the case number and the name and locations of the court:

Submit additional information as **Exhibits 20(a), 20(b), 20(c) or 20(d)** as applicable.

21. Provide the following information, as **Exhibit 21**, about your Immediate Family:

- (a) Full names, including any married and maiden names:
- (b) Relationship to you:
- (c) Age, date, and place of birth:
- (d) Current residential address and telephone number (if deceased, the most recent address):
- (e) Occupation (if retired or deceased, the most recent occupation):

22. If you or any of your Immediate Family are, or have been within the last five (5) years, an Indiana Public Official or an officer or employee of any governmental entity in Indiana, provide the following, as **Exhibit 22**, for each Indiana Public Official, officer, or employee:

If none, initial here _____

- (a) Name:
- (b) Address:
- (c) Telephone number:
- (d) Relationship to you:
- (e) Title of office or job:
- (f) Dates, month and year, when the office or job was held:
- (g) Duties and responsibilities of the office or job:

LITIGATION

23. If you or any member or your Immediate Family have filed any claims in excess of \$100,000 under any insurance policy, except health and life insurance, within the past ten year period, submit as **Exhibit 23** the date of each claim, the name and address of the insurance carrier with whom each claim was filed, the nature of each claim, and the final disposition of each claim.

If none, initial here _____

24. (a) If you as an Individual, a Key Person, or a Substantial Owner of any Business Entity have ever, in the last fifteen (15) years, been a party to a lawsuit (other than divorce proceedings) or to any administrative adjudicatory proceeding or claim, provide the following as **Exhibit 24(a)**, for each lawsuit:

If none, initial here _____

- (1) Names of the parties:
 - (2) Case number:
 - (3) Name and location of the court:
 - (4) Brief description of the case:
 - (5) Disposition of the case:
- (b) In addition, for all pending litigation, unsatisfied judgments, decrees, restraining orders, protective orders, or injunctive orders, provide in detail, as **Exhibit 24(b)**, all pertinent facts, including the type and amount of relief sought, and an assessment of the impact, if any, that the action may have on any Riverboat Gambling Operation.

CRIMINAL HISTORY

NOTE: FAILURE TO REPORT ANY ARREST, DETAINMENT, CHARGE, INDICTMENT, OR CONVICTION, WHETHER A MISDEMEANOR OR A FELONY, IS CAUSE FOR DENIAL OF LICENSURE.

25. (a) If you have ever been arrested, detained, charged, indicted, convicted, received a pre-trial diversion, pleaded guilty or nolo contendere, or forfeited bail concerning any criminal offense, either felony or misdemeanor, or any juvenile violation, in any state or foreign country (except for traffic violations where the maximum punishment is a fine under \$500), furnish as **Exhibit 25 (a)**, for each case:

If none, initial here _____

- (1) Date:
- (2) Your age at the time:
- (3) Name and location, including city, county, state and country, of the court and/or the arresting and/or prosecuting agencies:
- (4) Case number:
- (5) Offense:
- (6) Whether felony or misdemeanor charge:
- (7) Final disposition:
- (8) Location and length of incarceration, if any:

- (b) If you have ever been named as an unindicted co-party or granted immunity in a criminal prosecution, provide as **Exhibit 25(b)**, all details.

If none, initial here _____

- (c) If you have ever been investigated by a city, county, state, or federal agency, board, commission, or committee, provide as **Exhibit 25(c)**, all details.

If none, initial here _____

- (d) If you have ever been subpoenaed to appear or testify in a trial or before a county, state, or federal grand jury, board, committee, or commission, provide as **Exhibit 25(d)**, all details.

If none, initial here _____

- (f) If you have ever had a civil or criminal record sealed by court order, provide as **Exhibit 25(e)**, all details.

If none, initial here _____

- (g) If you have ever received a pardon or executive clemency, provide as **Exhibit 25(f)**, all details.

If none, initial here _____

- (h) If any member of your Immediate Family or of your spouse's Immediate Family has ever been convicted of a Felony, provide the following as **Exhibit 25(g)**, for each Felony.

If none, initial here _____

- (1) Date:
- (2) The Immediate Family member's name, date of birth, current address, telephone number, and age at the time of offense:
- (3) Name and location, including city, county, state and country, of the court and/or the arresting and/or prosecuting agencies:
- (4) Case number:
- (5) Offense:
- (6) Final disposition:
- (7) Location and length of incarceration, if any:

FINANCIAL

26. What Compensation do you expect to receive for the position listed and described on Page 9 of this Application? _____

27. What is your monthly household income after taxes, from all sources, including spousal income? _____

-
28. If, during the last five (5) years, you or any member of your Immediate Family have given or received any gift(s), whether tangible or intangible, that either individually or in the aggregate exceeded \$5,000 in value in any given twelve (12) month period, submit as **Exhibit 28** the name of each recipient or donor, a description of each gift, the gift's approximate value, and the approximate date that each gift was received.

If none, initial here _____

29. If your wages, earnings, or other income have ever been subject to garnishment, attachment, charging order, or other court-ordered deduction during the past ten (10) years, submit as **Exhibit 29** the name and address of the court or agency entering judgement, the nature and amount of the obligation and the docket number of any litigation involved for each.

If none, initial here _____

30. If, in other than a professional capacity, during the past ten (10) years, you have been a beneficiary under, settlor, trustee, or other fiduciary of or grantor or transferor to any trust, submit as **Exhibit 30** the nature or terms of your connection with the trust, whether the trust is domestic or foreign, and the location of the trust assets.

If none, initial here _____

31. If you control, manage, or hold in trust any assets or liabilities for any Person, describe in detail the assets or liabilities, your duties and responsibilities, and the owner of the trust.

Submit response as **Exhibit 31**.

If none, initial here _____

32. If, in the past ten (10) years, you have ever made a cash transaction of \$10,000 or more, or multiple transactions totaling \$10,000 or more within a 30-day period, submit the following as **Exhibit 32** for each transaction or set of multiple transactions:

If none, initial here _____

- (a) When did the transaction(s) occur?
- (b) What was the amount of the transaction(s)?
- (c) With whom did you make the transaction(s)?
- (d) What was the purpose for the transaction(s)?

33. If you have any safe deposit box or other depository, or have access to or use any other Person's safe deposit box or depository, submit as **Exhibit 33**, for each:

If none, initial here _____

- (a) Name(s) in which the safe deposit box or depository is held:
- (b) Box number or type of depository:
- (c) A general description of contents of box or depository:
- (d) The location of the box or depository, including the name, address, and telephone number of any bank that maintains the box or depository:

34. If you, at any time, have been court-ordered or agreed to pay child support or alimony, include as **Exhibit 34**, the following for each order:

If none, initial here _____

- (a) Name of other parties involved:
- (b) Name and location of issuing court:
- (c) Date order was issued:
- (d) Schedule of payments and amount to be paid:
- (e) Copy of court order:
- (f) The date of each instance when you were more than thirty (30) days late with the payment:
- (g) Are you current on your payments?

ASSETS

35. As **Exhibit 35**, provide the most recent copy of all of your personal bank account statements for the last three (3) years. This includes, but is not limited to, individual and joint accounts.
36. As **Exhibit 36**, provide the most recent annual copy of all retirement plan statements for the last three (3) years. This includes 401(k) and IRA statements.

If none, initial here _____

37. As **Exhibit 37**, provide the most recent annual copy of all of your personal brokerage account statements for the last three (3) years. This includes, but is not limited to, individual and joint accounts.

If none, initial here _____

LIABILITIES

38. For the past ten (10) years or since the age of 18, whichever is less, provide the following, as **Exhibit 38**, for each instance you have given a guarantee, co-signed, or otherwise insured payment of a loan, debt, or other financial obligation:

If none, initial here _____

- (a) Nature of the obligation:
- (b) Date the obligation was made:
- (c) Name(s) of the person responsible for the obligation:
- (d) Current status of the underlying obligation:

39. As **Exhibit 39**, provide copies of you and your spouse's most recent year-end Mortgage Statements for all properties owned.
40. As **Exhibit 40**, provide a list of your and your spouse's credit cards with addresses, account numbers, and balances. Also provide a copy of the most recent twelve (12) months of credit card statements for all accounts.

TAXES

41. Submit as **Exhibit 41** true and accurate copies of your personal state and federal tax returns for the last three (3) years. Include all schedules and attachments.
42. In the last ten (10) years, if you have ever had any municipal, state, or federal tax returns audited or adjusted, describe in detail the facts, circumstances, and results of each audit or adjustment:

Submit your response as **Exhibit 42**.

If none, initial here _____

43. Sign and return the attached **IRS Tax Form 4506T**. Return the original, and keep a copy for your records. Your spouse must sign the form also if you file a joint return.
44. Provide copies of all **W-2 Statements and K-1's** for you and your spouse for the last three years.
45. As **Exhibit 45**, provide copies of any related tax returns, including but not limited to Partnership Tax Returns (Form 1065) and/or Sub S Corporation Tax Returns (Form 1120S) for the last three (3) years.
46. Complete the following attachments to this Application: Assets (Schedules A-G), Liabilities (Schedules H-K), the Balance Sheet, and the Annual Income Statement.

Initials: _____

VERIFICATION

State of _____ SS:

County of _____

I, _____, being first duly sworn upon oath or affirmation, depose and state:

1. I am the individual who is submitting this form.
2. I personally supplied the information contained in this form.
3. I swear (or affirm) that the information contained in this form is true, complete and accurate to the best of my knowledge and belief.

Individual's Signature: _____

Dated: _____

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____ and acknowledged the execution of the foregoing instrument at his/her voluntary act and deed.

WITNESS, my hand and Notarial Seal, this _____ day of _____, 20____.

Notary public, Written Signature

Notary public, Printed Name

My commission expires: _____

County of residence: _____

INDIVIDUAL'S REQUEST TO RELEASE INFORMATION

TO: _____

FROM: _____

Individual's Name

1. I hereby authorize and request all persons or entities to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed agent of the Indiana Gaming Commission, whether or not such information would otherwise be protected from disclosure by any constitution, statutory or other legal privilege.

2. I hereby authorize and request all persons or entities to whom this request is presented having documents relating to or concerning me to permit a duly appointed agent of the Indiana Gaming Commission to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or other legal privilege.

3. If the person or entity to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or any officer of same, I hereby authorize and request that a duly appointed agent of the Indiana Gaming Commission be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.

4. I do hereby make, constitute, and appoint any duly appointed agent of the Indiana Gaming Commission my true and lawful agent for me in my name, place, stead, and on behalf and for my use and benefit in the retrieval of information, whether or not such information is considered confidential, but only in connection with the lawful background investigation required to ascertain my suitability for a gaming license. I do hereby authorize said agent:

(a) to request, review, copy, sign for, or otherwise act on my behalf for investigative purposes with respect to documents and information in the possession of the person or entity to whom this request is presented as I might:

(b) to name the person or entity to whom this request is presented and insert that person's or entity's name in the appropriate location on this request;

(c) to place the name of the Indiana Gaming Commission agent presenting this request in the appropriate location on this request.

5. I grant to said agent full power and authority to request, review, copy, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers to gather information herein granted, as fully as to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said agent, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this authorization and rights and powers herein granted.

6. This authorization ends eighteen (18) months from the date of execution or at the termination of all licenses issued to Applicant/me by the Indiana Gaming Commission, whichever occurs later.

7. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person or entity to whom this request is presented, and his or its agents and employees from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person or entity to whom this request is presented or his or its agents or employees arising out of or by reason of complying with this request.

8. I agree to indemnify and hold harmless the person or entity to whom this request is presented and his or its agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

9. A reproduction of this request by photocopy shall be for all intents and purposes as valid as the original.

IN WITNESS WHEREOF, I have executed this release at _____,

(City)

_____ on the day of _____, 20_____.

(State)

Individual's Signature

Printed Name

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____ and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notarial Seal, this _____ day of _____, 20_____.

Notary Public, Written Signature

Notary Public, Printed Name

My commission expires: _____

County of residence: _____

RELEASE OF ALL CLAIMS

The undersigned has filed with the Indiana Gaming Commission ("Commission") certain forms and documents in connection with a written request for licensing by the Commission ("Application"). In consideration of the assurance by the Commission a determination of suitability of the undersigned will be made following the completion of a deliberate, intensive and thorough investigation of the undersigned, including but not limited to background, associates, and finances, the undersigned does for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the State of Indiana, the Commission, its members, agents, and employees, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the Application.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this release at _____,
(City)

_____, on the _____ day of _____, 20____.
(State)

Individual's Signature

Printed Name

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____ and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notarial Seal, this _____ day of _____, 20_____.

Notary Public, Written Signature

Notary Public, Printed Name

My commission expires: _____
County of residence: _____

Asset Schedules

Schedule A

Cash on Hand and in Banks

Cash on hand (personally and at your home)?

List all foreign and domestic Bank Accounts maintained by you, your spouse, or your dependent children.

[illegible]

Schedule B	
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Accounts and Notes Receivable	
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List all Accounts and Notes Receivable held by you, your spouse, or your dependent children.

<u>Name of Debtor</u>	<u>Address</u>	<u>Telephone #</u>	<u>Purpose</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Collateral</u>	<u>Original Amount</u>	<u>Amt. Outstanding</u>
						TOTAL:		

Schedule C

Non-Retirement Investments	
----------------------------	--

List all Accounts held by you, your spouse, or your dependent children.

<u>Brokerage Institution</u>	<u>Address</u>	<u>Account Number</u>	<u>Type of Account</u>	<u>Name on Account</u>	<u>Name of Broker</u>	<u>Telephone #</u>	<u>Account Balance</u>	<u>Date of Balance</u>
						TOTAL:		

Schedule D

Retirement Investments

List all Accounts held by you, your spouse, or your dependent children.

Brokerage Institution	Address	Account Number	Type of Account	Name on Account	Name of Broker	Telephone #	Account Balance	Date of Balance
						TOTAL:		

Schedule E

	Business Investments	
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List all businesses wholly or partially owned by you, your spouse, or your dependent children.

<u>Name of Business</u>	<u>Address</u>	<u>Telephone #</u>	<u>Business Purpose</u>	<u>Your Title</u>	<u>% of Ownership</u>	<u>Approx. Value</u>	<u>Years Associated</u>
					TOTAL:		

Schedule F

Real Estate

List any direct, indirect, vested or contingent interest in any Real Estate held or controlled by you, your spouse, or your dependent children.

Owner of Record	Address	Type	Purpose	Purchase Price	Current Value	Size	Annual Income	Other Owners (%)
			TOTAL:			TOTAL:		

Schedule G						
Other Assets						
List the Other Assets in excess of \$3,000 owned by you, your spouse, or your dependent children.						
Type of Asset	Other Information	Date of Purchase	Purchase Price	Approx. Mkt. Value	Is it Insured (Y/N)?	Valuation Method
		TOTAL:				

Schedule H

Liability Schedules

Short Term Notes & Credit Cards Payable (Not including mortgages)

List all Short-Term Notes and Credit Cards Payable that you, your spouse, or your dependent children are obligated.

<u>Name of Creditor</u>	<u>Address</u>	<u>Telephone #</u>	<u>Purpose</u>	<u>Authorized Amt.</u>	<u>Amt. Outstanding</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Collateral</u>
			TOTAL:					

[illegible]

Schedule I

	Mortgages Payable	
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List all Mortgages Payable that you, your spouse, or your dependent children are obligated.

<u>Name of Creditor</u>	<u>Address</u>	<u>Telephone #</u>	<u>Purpose</u>	<u>Original Amt.</u>	<u>Amt. Outstanding</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Collateral</u>
			TOTAL:					

Schedule J

Other Liabilities	
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List all Other Liabilities or indebtedness in excess of \$3,000 that you, your spouse, or your dependent children are obligated.

<u>Name of Creditor</u>	<u>Address</u>	<u>Telephone #</u>	<u>Purpose</u>	<u>Original Amt.</u>	<u>Amt. Outstanding</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Collateral</u>
			TOTAL:					

--

Balance Sheet	
If using Excel, do NOT input the totals. Amounts will calculate automatically.	
Otherwise, complete manually.	
Assets	
Current Assets	
Cash on Hand	\$
Cash in Banks	\$
Accounts & Notes Receivable	\$
Investments	
Non-Retirement Investments	\$
Retirement Investments	\$
Business Investments	\$
Fixed Assets	
Real Estate	\$
Other Assets	
TOTAL:	\$
Liabilities	
Current Liabilities	
Notes & Credit Cards Payable	\$
Long Term Liabilities	
Mortgages Payable	\$
Other Liabilities	
Other Liabilities	\$
Contingent Liabilities	\$
TOTAL:	\$
Net Worth:	
	\$

Annual Income Statement			
Year:	<u>Last Year</u>	<u>Two Years Prior</u>	<u>Three Years Prior</u>
Wage Income			
Taxable Interest (IRS Schedule B)			
Dividends			
Alimony received			
Business Income (IRS Schedule C, C-EZ, and E)			
Capital Gains/(Losses)			
Qualified Plan Distributions			
Other Income			
TOTAL:			

Request for Transcript of Tax Return

(Rev. April 2006)

Department of the Treasury
Internal Revenue Service▶ **Do not sign this form unless all applicable lines have been completed.****Read the instructions on page 2.**

OMB No. 1545-1872

▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.****Tip:** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return <div style="text-align: center;"> : : : : : : </div>
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

Caution: If a third party requires you to complete Form 4506-T, **do not** sign Form 4506-T if lines 6 and 9 are blank.

- 6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____
- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days ☐
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . . . ☐
- c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days ☐
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days ☐
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . ☐

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

- 9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

____ / ____ / ____

____ / ____ / ____

____ / ____ / ____

____ / ____ / ____

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Sign Here	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a ()
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature		
	Date		

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

Note. If you are requesting more than one transcript or other product and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501 978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 678-530-5326
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888 559-253-4990
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team Stop 6705-B41 Kansas City, MO 64999 816-823-7667
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695 215-516-2931

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592
A foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695 215-516-2931

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.